

Name.....

Range High School
Duke of Edinburgh's Award
Health Form

Please answer the following questions:

1. Does your child suffer from?

- | | | | |
|---------------------|--------|--------------------------------|--------|
| a) Asthma | Yes/No | b) Hayfever | Yes/No |
| c) Migraine | Yes/No | d) Fits or Faints | Yes/No |
| e) Bad Period Pains | Yes/No | f) other illness or disability | Yes/No |

If yes to any of the above please give details.....

..... (Continue overleaf if necessary)

2. Does your child have an allergy to anything e.g. antibiotics, Elastoplast, aspirin, or other such medicines, any particular foods e.g. nuts etc.

Yes/No

If yes please give details.....

..... (Continue overleaf if necessary)

3. Date of last tetanus injection (if known).....

4. Name and address of own doctor.....

.....

The above information is, to the best of my knowledge, correct and I undertake to advise the school and expedition supervisors if the above information should change before the expedition takes place and also whether my child comes into contact with any infectious illness within three weeks of the expedition dates.

I will also advise the school and expedition supervisors if my child is receiving any medical treatment at the time of the expedition.

Signed.....Parent/Guardian

Permission to Consent to Medical Treatment

In the event of illness or accident requiring emergency hospital treatment of

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I authorise Range High School, or an agent acting on their behalf, to sign, on my behalf, any written form of consent required by the hospital authorities, if the delay to obtain my signature is considered inadvisable by the doctor or surgeon concerned.

Signed.....Parent/GuardianDate